

Date of application: _____ Number of Participants: _____ (approximate number)

Location requested: _____

Name of requesting organization: _____

Name of Event Organizer: _____

Organization's address: _____

Street address	City, State	Zip Code
Telephone number: _____	Fax number" _____	E-mail: _____

Period requested: _____ From: _____ To: _____

Time	Date	Time	Date
_____	_____	_____	_____

Provider shall indemnify and hold harmless the County and its officers, employees and instrumentalities from any and all liability, losses or damages, including attorney's fees and cost of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, suits, demands, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Provider or its employees, agents, servants, partners, principals or subcontractors. Provider shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Provider expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by Provider shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

- A. Public Liability Insurance on a comprehensive basis in an amount not less than \$300,000 combined single limit per occurrence for bodily and property damage. Miami-Dade County must be shown as an additional insured with respect to cover.
- B. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work/event, in an amount not less than \$300,000 combined single limit occurrence for bodily injury and property damage.



MIAMI-DADE COUNTY
General Services Administration
Hold Harmless Agreement
Page two

On scene person responsible for event:

Print Name

Phone number

Signature

Date

Building Management comments:

Print Name

Phone number

Signature

Date

General Services Administration Risk Management approval or disapproval:

Print Name

Phone number

Signature

Date

General Services Administration Recommendations for approval or Disapproval:

Print Name

Phone number

Signature

Date

Final Action:

Approved: ☐

Disapproved: ☐

GSA Director or Assistant County Manager

Date